U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13068	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	Name, file number, and address of labor organization.
Name Stephen C Menser	Name IBEW Local 481
	Labor Organization File Number 032-086
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Rcom Number, if any Suite 205
Street 2788 N 300 E	Street 1828 N Meridian Street
City Greenfield	City Indianapolis
State Indiana ZIP Code + 4 46140	State Indiana ZIP Code + 4 46202
5. Position in labor organization. Business Representative	
Enter appropriate data below if, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza	lusions set forth in the Instructions): r derived income or other accnomic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg Room No., if any	
Chront	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sig	nature
	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)
Signed Gleghen C. Nenson	on 8-10-05 317-923-2594
,	Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Indianapolis Electrical JATC a. Labor Organization Trade Name, if any: Apprenticeship School X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 1751 S. Lawndale Ave. Indianapolis State Indiana ZIP Code + 4 46241 11.a. Nature of such dealing. 10. If 9.b. or 9.c is checked give trust or employer's name. Served as a full-time Instructor Name Indianapolis Electrical JATC Trade Name, if any: Apprenticeship School P.O. Box, Bldg., Room No., if any Street 1751 S. Lawndale Ave. \$49,056 11.b. Approximate dollar value of such dealing. City Indianapolis 12.a. Nature of interest he'd or income received. Received payement of wages and benefits for services State Indiana ZIP Code + 4 46241 redered as an Electrical Apprenticeship Instructor. 12.b. Amount. \$49,056

13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.